

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846
Honorable Thomas J. Tucker
Chapter 9

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**EXHIBIT D (BLUE CROSS PLAN) IN SUPPORT OF DPLSA'S RESPONSE IN
OPPOSITION TO CITY OF DETROIT'S MOTION FOR (I) DETERMINATION
THAT THE DETROIT POLICE LIEUTENANTS AND SERGEANTS
ASSOCIATION HAS VIOLATED THE TERMS OF THE CITY OF DETROIT'S
CONFIRMED PLAN OF ADJUSTMENT AND THE ORDER CONFIRMING IT;
AND (II) ORDER (A) ENJOINING FURTHER VIOLATIONS AND
(B) REQUIRING DISMISSAL OF STATE ACTIONS [DOCKET NO. 9656]**

PART 9 OF 14

Section 3: What BCBSM Pays For

Transplant Services

See Section 2 beginning on Page 8 for what you may be required to pay for these services.

For general surgery services, see Page 93.

For oncology clinical trials, see Page 57.

Locations: Kidney, cornea, skin and bone marrow transplants are payable when performed in a **participating** hospital (inpatient or outpatient) or **participating** ambulatory surgery facility. Transplants for specified organs such as heart or liver (complete list on Page 107) are **only** covered when performed in a "designated facility" (see definition on Page 140). Payment for transplants are subject to the conditions described below:

We pay for:

Organ transplants

We pay for services performed to obtain, test, store and transplant the following human tissues and organs:

- Kidney
- Cornea
- Skin
- Bone marrow (described below)

Immunizations against certain common infectious diseases during the first 24 months post-transplant are covered. We pay for immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP).



The immunization benefit does **not** apply to cornea and skin transplants.

We will pay covered services for donors if the donor does not have transplant benefits under any health care plan.

Transplant Services (continued)

We pay for: (continued)

Bone Marrow Transplants

When directly related to two tandem transplants, two single transplants or a single and a tandem transplant per member, per condition, we pay for the following services:

- **Allogeneic Transplants**
 - Blood tests on first degree relatives to evaluate them as donors (if the tests are not covered by their insurance)
 - Search of the National Bone Marrow Donor Program Registry for a donor. A search will begin only when the need for a donor is established and the transplant is preapproved.
 - Infusion of colony stimulating growth factors
 - Harvesting (including peripheral blood stem cell pheresis) and storage of the donor's bone marrow, peripheral blood stem cell and/or umbilical cord blood, if the donor is:
 - A first degree relative and matches at least four of the six important HLA genetic markers with the patient or
 - Not a first degree relative and matches five of the six important HLA genetic markers with the patient. (This provision does not apply to transplants for Sickle Cell Anemia (ss or sc) or Beta Thalassemia.)

NOTE

Harvesting and storage will be covered if it is not covered by the donor's insurance but only when the recipient of harvested material is a BCBSM member. In a case of Sickle Cell Anemia (ss or sc) or Beta Thalassemia, the donor must be an HLA-identical sibling.

- High-dose chemotherapy and/or total body irradiation
 - Infusion of bone marrow, peripheral blood stem cells, and/or umbilical cord blood
 - T-cell depleted infusion
 - Donor lymphocyte infusion
 - Hospitalization
- **Autologous Transplants**
 - Infusion of colony stimulating growth factors
 - Harvesting (including peripheral blood stem cell pheresis) and storage of bone marrow and/or peripheral blood stem cells
 - Purging and/or positive stem cell selection of bone marrow or peripheral blood stem cells
 - High-dose chemotherapy and/or total body irradiation
 - Infusion of bone marrow and/or peripheral blood stem cells
 - Hospitalization

NOTE

A tandem autologous transplant is covered only when it treats germ cell tumors of the testes or multiple myeloma. We pay for up to two tandem transplants or a single and a tandem transplant per patient for this condition. Refer to the definition of "Tandem Transplant" in Section 7.

Section 3: What BCBSM Pays For

Transplant Services (continued)

We pay for: (continued)

Bone Marrow Transplants (continued)

- **Allogeneic transplants are covered to treat the following conditions:**
 - Acute lymphocytic leukemia (high-risk, refractory or relapsed patients)
 - Acute non-lymphocytic leukemia (high-risk, refractory or relapsed patients)
 - Acute myelogenous leukemia
 - Aplastic anemia (acquired or congenital, e.g., Fanconi's anemia or Diamond-Black fan syndrome)
 - Beta Thalassemia
 - Chronic myeloid leukemia
 - Hodgkin's disease (high-risk, refractory or relapsed patients)
 - Myelodysplastic syndromes
 - Neuroblastoma (stage III or IV)
 - Non-Hodgkin's lymphoma (high-risk, refractory or relapsed patients)
 - Osteopetrosis
 - Severe combined immune deficiency disease
 - Wiskott-Aldrich syndrome
 - Sickle Cell Anemia (ss or sc)
 - Myelofibrosis
 - Multiple myeloma
 - Primary amyloidosis (AL)
 - Glanzmann thrombasthenia
 - Paroxysmal nocturnal hemoglobinuria
 - Kostmann's syndrome
 - Leukocyte adhesion deficiencies
 - X-linked lymphoproliferative syndrome
 - Primary, secondary and unspecified thrombocytopenia (e.g., megakaryocytic thrombocytopenia)
 - Mantle cell lymphoma
 - Congenital leukocyte dysfunction syndromes
 - Congenital pure red cell aplasia
 - Chronic lymphocytic leukemia
 - Mucopolysaccharidoses (e.g., Hunter's, Hurler's, Sanfilippo, Maroteaux-Lamy variants) in patients who are neurologically intact
 - Mucopolysaccharidoses (e.g., Gaucher's disease, metachromatic leukodystrophy, globoid cell leukodystrophy, adrenoleukodystrophy) for patients who have failed conventional therapy (e.g., diet, enzyme replacement) and who are neurologically intact
 - Renal cell CA
 - Plasmacytomas

Section 3: What BCBSM Pays For

Transplant Services (continued)

We pay for: (continued)

Bone Marrow Transplants (continued)

- **Autologous transplants are covered to treat the following conditions:**

- Acute lymphocytic leukemia (high-risk, refractory or relapsed patients)
- Acute non-lymphocytic leukemia (high-risk, refractory or relapsed patients)
- Germ cell tumors of ovary, testis, mediastinum, retroperitoneum
- Hodgkin's disease (high-risk, refractory or relapsed patients)
- Neuroblastoma (stage III or IV)
- Non-Hodgkin's lymphoma (high-risk, refractory or relapsed patients)
- Multiple myeloma
- Primitive neuroectodermal tumors
- Ewing's sarcoma
- Medulloblastoma
- Wilms' tumor
- Primary amyloidosis
- Rhabdomyosarcoma
- Mantle cell lymphoma

Additional services for bone marrow transplants:

In addition to the conditions listed above, we will pay for services related to, or for high-dose chemotherapy, total body irradiation, and allogeneic or autologous transplants to treat conditions that are not experimental. This does not limit or preclude coverage of antineoplastic drugs when Michigan law requires that these drugs, and the reasonable cost of their administration, be covered.

Section 3: What BCBSM Pays For

Transplant Services (continued)

We do not pay the following for bone marrow transplants:

- Services that are not medically necessary (see Section 7 for the definition of medically necessary)
- Services rendered in a facility that does not participate with BCBSM
- Services provided by persons or entities that are not legally qualified or licensed to provide such services
- Services rendered to a transplant recipient who is not a BCBSM member
- Services rendered to a donor when the donor's health care coverage will pay for such services
- Services rendered to a donor when the transplant recipient is not a BCBSM member
- Any services related to, or for, allogeneic transplants when the donor does not meet the HLA genetic marker matching requirements
- Expenses related to travel, meals and lodging for donor or recipient
- An autologous tandem transplant for any condition other than germ cell tumors of the testes
- Search of an international donor registry
- An allogeneic tandem transplant
- The routine harvesting and storage costs of bone marrow, peripheral blood stem cells or a newborn's umbilical cord blood if not intended for transplant within one year
- Experimental treatment
- Any other services or admissions related to any of the above named exclusions

Section 3: What BCBSM Pays For

Transplant Services (continued)

Specified Human Organ Transplants

When performed in a designated facility (see definition on Page 140), **we pay for** transplantation of the following organs. **We also pay for** the cost of obtaining, preserving and storing human skin, bone, blood, and bone marrow to be used for medically necessary covered services.

- Combined small intestine-liver
- Heart
- Heart-lung(s)
- Liver
- Lobar lung
- Lung(s)
- Pancreas
- Partial liver
- Kidney-liver
- Simultaneous pancreas-kidney
- Small intestine (small bowel)
- Multivisceral transplants (as determined by BCBSM)

All payable specified human organ transplant services, except anti-rejection drugs and other transplant-related prescription drugs, must be provided during the benefit period that begins five days before, and ends one year after, the organ transplant.

Section 3: What BCBSM Pays For

Transplant Services (continued)

Specified Human Organ Transplants (continued)

When directly related to the transplant, we pay for:

- Facility and professional services
- Anti-rejection drugs and other transplant-related prescription drugs, during and after the benefit period, as needed. Payment will be based on BCBSM's approved amount.
- Immunizations against certain common infectious diseases during the first 24 months post-transplant are covered. We pay for immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP).
- Medically necessary services needed to treat a condition arising out of the organ transplant surgery **if** the condition:
 - Occurs during the benefit period and
 - Is a direct result of the organ transplant surgery

NOTE

We will pay for any service needed to treat a condition as a direct result of the organ transplant surgery if it is a benefit under any of our certificates.

We also pay for the following:

- Up to \$10,000 for eligible travel and lodging during the initial transplant surgery. This includes:
 - Cost of transportation to and from the designated transplant facility for the patient and another person eligible to accompany the patient (two persons if the patient is a child under the age of 18 or if the transplant involves a living-related donor)

NOTE

In certain limited cases, we may consider return travel needed for an acute rejection episode to the original transplant facility. The condition must be emergent and must fall within the benefit period. The cost of the travel must still fall under the \$10,000 maximum for travel and lodging.

- Reasonable and necessary costs of lodging for the person(s) eligible to accompany the patient ("lodging" refers to a hotel or motel)
- Cost of acquiring the organ (the organ recipient must be a BCBSM member.) This includes, but is not limited to:
 - Surgery to obtain the organ
 - Storage of the organ
 - Transportation of the organ
 - Living donor transplants such as partial liver, lobar lung, small bowel, and kidney transplants that are part of a simultaneous kidney transplant
 - Payment for covered services for a donor if the donor does not have transplant services under any health care plan

NOTE

We will pay the BCBSM approved amount for the cost of acquiring the organ.

Section 3: What BCBSM Pays For

Transplant Services (continued)

Limitations and Exclusions

During the benefit period, the deductible and copayments do not apply to the specified human organ transplants and related procedures.

We do not pay for the following for specified human organ transplants:

- Services that are not BCBSM benefits
- Services rendered to a recipient who is not a BCBSM member
- Living donor transplants not listed in this certificate
- Anti-rejection drugs that do not have Federal Food and Drug Administration approval
- Transplant surgery and related services performed in a nondesignated facility. You must pay for the transplant surgery and related services you receive in a nondesignated facility unless medically necessary and approved by the BCBSM medical director
- Transportation and lodging costs for circumstances other than those related to the initial transplant surgery and hospitalization
- Items that are not considered directly related to travel and lodging (examples include, but are not limited to the following: mortgage, rent payments, furniture rental, dry cleaning, clothing, laundry services, kennel fees, car maintenance, toiletries, security deposits, cash advances, lost wages, tips, toys, household products, alcoholic beverages, flowers, greeting cards, stationery, stamps, gifts, household utilities (including cellular telephones), maids, babysitters or daycare services, services provided by family members, reimbursement of food stamps, mail/UPS services, Internet service, and entertainment (such as cable television, books, magazines and movie rentals))
- Routine storage cost of donor organs for the future purpose of transplantation
- Services prior to your organ transplant surgery, such as expenses for evaluation and testing, unless covered elsewhere under this certificate
- Experimental transplant procedures. See the "General Conditions of Your Contract" section for guidelines related to experimental treatment.

Section 3: What BCBSM Pays For

Urgent Care Services

See Section 2 beginning on Page 8 for what you may be required to pay for these services.

We pay for physician services provided at an urgent care facility.